

**Statement for the Record of**  
**VIETNAM VETERANS OF AMERICA**

**Submitted by**

**Thomas H. Corey**  
**National President**

**Before the**

**Subcommittee on Health**

**House Committee on Veterans Affairs**

**Regarding**

**H.R. 3253 and H.R. 3254**

**April 10, 2002**

Chairman Moran, Ranking Member Filner, and other distinguished members of the subcommittee, Vietnam Veterans of America (VVA) is pleased to have this opportunity to provide a statement for the record on H.R. 3253, the National Medical Emergency Preparedness Act of 2001, and H.R. 3254, the Medical Education for National Defense in the 21st Century Act. VVA will address each bill in turn.

### **H.R. 3253 National Medical Emergency Preparedness Act of 2001**

Since the war on terrorism began last year, VVA has testified repeatedly on the need for the VA to be properly prepared to meet the obligations of the VA's "Fourth Mission," and be prepared to handle mass casualty contingencies, particularly those involving weapons of mass destruction (WMD). Accordingly, in the broadest terms, we share this committee's view that VA must do more to address this critical "fourth mission" problem area. However, H.R. 3253 as currently drafted is not the vehicle for achieving our common goal.

Given the abundant evidence that VVA and our fellow Veteran Service Organizations have presented to this committee about the funding shortfalls in veterans health care, VVA was surprised to find the following language in H.R. 3253:

`(e) FUNDING- (1) Amounts appropriated for the activities of the centers shall be appropriated separately from amounts appropriated for the Department for medical care.

`(2) There are authorized to be appropriated for the centers under this section \$20,000,000 for each of fiscal years 2002 through 2006.

`(3) In addition to funds appropriated for a fiscal year pursuant to the authorization of appropriations in paragraph (2), ***the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department of Veterans Affairs medical care account and the Department of Veterans Affairs medical and prosthetics research account such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section.*** (emphasis added)

VVA believes that while this proposal needs significant refinement, the most important point is that this effort should be funded from the \$24 billion that the Congress appropriated for P.L. 107-38 the Homeland Defense in the Fall of 2001. Thus far VA has only asked for \$77 million from this fund and received far, less than this amount. Given the overall downsizing of the VA medical system, and the fact that every VA hospital in the country is reducing staff and services by at least 5 to 7% this fiscal year (not even counting the \$500 million to \$700 million shortfall), there is not even enough organizational capacity to take care of the veterans whom the VA currently serves, much less possible military casualties returning from overseas or civilian casualties at home. VVA respectfully urges the Committee to work with other appropriate committees in the Congress as well as the Executive branch to ensure that adequate funds are transferred from the Homeland Security (P.L. 107-38) accounts to properly fund this effort and to restore vitally needed organizational capacity in the VA health care system now and in the future. VVA estimates this requires a minimum of \$500 million over the next two years.

Additionally, VVA finds the following language in the bill equally problematic:

`(g) PEER REVIEW PANEL- (1) In order to provide advice to assist the Secretary and the Under Secretary for Health to carry out their responsibilities under this section, the Under Secretary shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the designation of centers under this section.

`(2) The peer review panel shall include experts in the fields of toxicological research, bio-hazards management education and training, radiology, clinical care of patients exposed to such hazards, and other persons as determined appropriate by the Secretary. Members of the panel shall serve as consultants to the Department.

`(3) The panel shall review each proposal submitted to the panel by the officials referred to in paragraph (1) and shall submit to the Under Secretary for Health its views on the relative scientific and clinical merit of each such proposal. The panel shall specifically determine with respect to each such proposal whether that proposal is among those proposals which have met the highest competitive standards of scientific and clinical merit.

`(4) The panel shall not be subject to the Federal Advisory Committee Act (5 U.S.C. App.).

This language makes no provision for the inclusion of veteran advocates on the proposed peer review panel, an omission VVA finds extremely curious. VVA recommends that if this proposal advances, that VSO representation is key to its success.

VVA also notes that there is no language defining outcome measures included in the bill. The principles in both the letter and the spirit of the Government Performance & Results Act (GPRA) should be the guidelines followed in all programs. If the VA subsequently asserts that it has trained a certain number of medical professionals at each center to deal with WMD casualties, how will the committee know this is in fact the case? What types of individual standardized proficiency tests will these personnel be required to take on a regular basis? How will unit performance be measured? How frequently will WMD exercises be held, and how will such exercises be graded? What mechanisms will be established to ensure that individual and unit proficiency and training shortfalls are successfully addressed? In short, how will the Congress measure VA's WMD defense efforts in the absence of clearly defined outcome measures that are directly tied to managerial performance? VVA respectfully urges the Committee to correct this omission in the proposal.

VVA feels that efforts to confront WMD contingencies must be part of a larger overall effort, spearheaded by the Department of Health and Human Services, to establish national training and education standards and procedures for dealing with WMD events. VA does not exist in a public health vacuum; its approach to WMD defense must be directly connected to the larger overall public effort to address this issue. VVA urges the committee to work with other committees in the House that deal with civilian public health issues to develop a unified approach to this problem.

**H.R. 3254 Medical Education for National Defense in the 21<sup>st</sup> Century**

Last fall's anthrax letter attacks forcefully demonstrated how disruptive (and deadly) such unconventional attacks could be on a vulnerable public health system. VVA agrees with this committee that public health professionals generally should become far more acquainted with WMD-related health threats than is currently the case. In fact, VVA strongly believes that VA should also be engaged in a major effort to educate the private sector medical providers in the importance of discovering if their patients are veterans and, if so, taking a complete military history for use in diagnosis and treatment. Perhaps what is needed is a comprehensive approach to the problem, one that must include the Department of Health and Human Services (HHS) as the lead agency and executive agent for any such program, but of course include VA and the Department of Defense as cooperating and participating agencies.

HHS, university medical centers, and private medical centers must play the lead role in formulating America's public health response to WMD contingencies. VA and DoD can and should be partners in this effort, but in a supporting role. Thus, HHS and the larger public health policy community should come together to develop the kinds of WMD-related curricula, training, and exercise programs necessary for properly equipping the United States to deal with domestic WMD contingencies. VVA would suggest that the President direct the creation of a national WMD medical preparedness center within HHS. VA, DoD, and the relevant state agencies would all be full partners in this new center, which would focus on all aspects of domestic WMD medical preparedness and response: education, individual and unit training, and exercises.

Further, research into the effects of WMD agents should be led by the National Institutes of Health, and should include an emphasis on the health effects of sublethal exposures to WMD agents. VVA believes that this area of research remains significantly under-funded and inadequately explored. We hope this committee will work with its sister committees in the House with jurisdiction over HHS to develop the kind of comprehensive approach we have outlined here today.

Mr. Chairman, this concludes our statement. Please accept our thanks for the opportunity to share our views with you and the committee on this very important topic.

**VIETNAM VETERANS OF AMERICA**  
**Funding Statement**  
**April 10, 2002**

Vietnam Veterans of America (VVA) is a national non-profit veterans membership organization registered as a 501(c)(19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

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## **THOMAS H. COREY**

Tom Corey currently serves as National President of Vietnam Veterans of America, the nation's only congressionally chartered organization devoted to serving the needs of Vietnam-era veterans and their families.

A native of Detroit, Corey was drafted into the U.S. Army and sent to Vietnam in May 1967. He served as a squad leader with the 1<sup>st</sup> Air Cavalry Division. While engaged in an assault against enemy positions in January 31, 1968, he received an enemy round in the neck which hit his spinal cord and left him quadriplegic. He was medically retired in May 1968.

After an extended period of hospitalization, Corey returned to his family in Detroit where he spent much of his time in and out of the local VA hospital. He relocated to West Palm Beach, Florida, in 1972, where he is involved in community affairs and serves on many advisory boards. He has received awards for speaking out for veterans and disabled persons rights.

Corey was the first recipient of the Vietnam Veterans of America's Commendation Medal, VVA's highest award for service to veterans, their families, and the community.

He has served as a member of the board of directors and President of the Paralyzed Veterans Association of Florida. He also serves on advisory boards at the VA Medical Center in West Palm Beach, the VA Research Foundation of the Palm Beaches, and VISN 8 Management Assistance Council.

Corey was the founding President of VVA Palm Beach County Chapter 25, in 1981. In 1991 the chapter was named the Thomas H. Corey Chapter at its tenth anniversary celebration. In 1985, he was elected to a two-year term as a VVA national board member. In 1987, he was elected VVA National Secretary and was re-elected in 1989, 1991, 1993, and 1995 to that position. In 1997, he was elected VVA's national Vice-President.

Tom Corey currently resides in West Palm Beach. He has a 19-year-old son, Brian.